

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: NOVEL SULFONYL DERIVATIVES
Attorney Docket Number:: 243895US0DIV

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
Given Name:: Syozo
Family Name:: KOBAYASHI
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Street of Mailing Address:: c/o Daiichi Pharmaceutical Co., Ltd.,
Tokyo R&D Center, 16-13, Kitakasai 1-
chome, Edogawa-ku
City of Mailing Address:: Tokyo
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 134-8630

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
Given Name:: Satoshi
Family Name:: KOMORIYA
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City of Mailing Address:: Tokyo
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Applicant Authority Type:: INVENTOR
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Given Name:: Noriyasu
Family Name:: HAGINOYA
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Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
Given Name:: Masanori
Family Name:: SUZUKI
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City of Mailing Address:: Tokyo
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Postal or Zip Code of Mailing Address:: 134-8630

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
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Family Name:: YOSHINO
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City of Mailing Address:: Tokyo
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Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
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Family Name:: NAGAHARA
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City of Mailing Address:: Tokyo
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Applicant Authority Type:: INVENTOR
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Status:: FULL CAPACITY
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Country of Mailing Address:: JAPAN
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Applicant Authority Type:: INVENTOR
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Status:: FULL CAPACITY
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Applicant Authority Type::	INVENTOR
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Status::	FULL CAPACITY
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City of Mailing Address::	Tokyo
Country of Mailing Address::	JAPAN
Postal or Zip Code of Mailing Address::	134-8630
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	JAPAN
Status::	FULL CAPACITY
Given Name::	Akiyoshi
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Country of Residence::	JAPAN
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City of Mailing Address::	Tokyo
Country of Mailing Address::	JAPAN
Postal or Zip Code of Mailing Address::	134-8630

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/762,888	02/12/01
09/762,888	National Stage of	PCT/JP99/04344	08/11/99

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
10-227449	Japan	08/11/98	YES

10-244175	Japan	08/28/98	YES
10-251674	Japan	09/04/98	YES

ASSIGNMENT INFORMATION

Assignee Name:: DAIICHI PHARMACEUTICAL CO., LTD.
Street of Mailing Address:: 14-10, Nihonbashi 3-chome
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State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: JAPAN
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